

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of)		
• •		:	Examiner: C. Rapp	
NOBUAKI OGUSH	II, ET AL.)		
		:	Group Art Unit: 212:	5
Application No.: 09	9/988,572)		RECEIVED
Filed: November 2	0, 2001) :		JUN 0 8 2004
For: REMOTE	MAINTENANCE)		Technology Center 2100
SYSTEM		:	June 2, 2004	Tosimology Ocinici E190
Commissioner for F	atents			
P.O. Box 1450				
Alexandria VA 223	113 1450			

PRELIMINARY AMENDMENT

Sir:

Prior to examination on the merits, please amend the above-identified application as follows:

06/04/2004 CCHAU1 00000103 09988572 01 FC:1202 198.00 0P 02 FC:1201



In re Application of:

Sir: .

NOBUAKI OGUSHI, ET AL.

Application No.: 09/988,572

Filed: November 20, 2001

For: REMOTE MAINTENANCE SYSTEM

THE COMMISSIONER FOR PATENTS P.O. Box 1450 Alexandria, VA 22313-1450

Docket No.

00862.001896.2

Examiner: C. Rapp

Group Art Unit: 2125

Date: June 2, 2004

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JUN 0 8 2004

Technology Center 2100

Transmitted herewith is an Amendment in the above-identified application.

No additional fee is required.

The fee has been calculated as shown below

		C	LAIMS AS AMEN	IDED		
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 41	MINUS	**	11	x \$9 \$18	\$198.00
INDEP. CLAIMS	* 9	MINUS	***	5	x \$43 \$86	\$430.00
Fee for Multiple Dependent claims \$145°/\$290					\$.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$628.00	

If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

	Verified Statement claiming small entity status is enclosed, if not filed previously.
X	A check in the amount of \$\(\frac{628.00}{\) is enclosed.
	Charge \$ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
X	Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
	A check in the amount of \$ to cover the fee for a month extension is enclosed.
	A check in the amount of \$ to cover the Information Disclosure Statement fee is enclosed.
X	Applicants' undersigned attorney may be reached in our Costa Mesa, California office by telephone at (714) 540-8700. All correspondence should continue to be directed to our address given below.
	Respectfully submitted,
	Attorney for Applicants
	Registration No

FITZPATRICK, CELLA, HARPER & SCINTO 30 Rockefeller Plaza New York, New York 10112-3800 Facsimile: (212) 218-2200 Form #120

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